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PATENT - POWER OF ATTORNEY

OR

| REVOCATION OF POWER OF ATTORNEY   | First Named Inventor Sylvie FRADETTE |                     |  | E                        |  |
|---|--------------------------------------|---------------------|--|--------------------------|--|
| WITH A NEW POWER OF ATTORNEY AND  | Title                                |                     | A process and a plant for recycling carbon dioxide emissions from () |                          |  |
| CHANGE OF CORRESPONDENCE ADDRESS  | Attorney Docket Nu                   | mber 00067          | 7-0047   |                          |  |
| I hereby revoke all previous powers of attorney given   | in the above-identif                 | ied patent.         |  |                          |  |
| A Power of Attorney is submitted herewith.  |                                      |                     |  |                          |  |
| OR  |                                      |                     |  |                          |  |
| I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) with respect to the patent identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:  20559 |                                      |                     |  |                          |  |
| I hereby appoint Practitioner(s) named below as my/o<br>above, and to transact all business in the United State   |                                      |                     |  |                          |  |
| Practitioner(s) Name  |                                      | Registration Number |  |                          |  |
|   |                                      |                     |  |                          |  |
|   |                                      |                     |  |                          |  |
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| L   |                                      |                     |  |                          |  |
| The address associated with the above-mentioned Custome OR  The address associated with Customer Number:  OR  | , Number.                            |                     |  |                          |  |
| Firm or<br>Individual Name  |                                      |                     |  |                          |  |
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| City  | State                                |                     | Zip  | T                        |  |
| Country   |                                      |                     |  |                          |  |
| Telephone   | Email                                |                     |  |                          |  |
| Inventor, having ownership of the patent.  OR  Patent owner.  Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitts  | ed herewith or filed on _            | April 17, 200       | 16   |                          |  |
| SIGNATURE of Inven  | tor or Patent Owner                  |                     |  |                          |  |
| Signature glen & Kelly  |                                      | Date                | 201003.20  |                          |  |
| Name Glenn R. Kelly Title and Company President and CEO of CO2 Solution Inc.  |                                      | Telephone           | lephone 418-842-3456   |                          |  |
| NOTE: Signatures of all the inventors or patent owners of the entire interest signature is required, see below.   | st or their representative(s)        | are required.       | Submit multipl   | e forms if more than one |  |
| *Total of _1forms are submitted.  |                                      |                     |  |                          |  |

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